



Last Updated: 03/09/2022

Screening for Technology Assisted Waiver for Community Based Assessments

The purpose of this memorandum is to notify local community based pre-admission screening teams and providers of changes to Chapter IV of the Pre-Admission Screening Manual as it relates to the Medicaid Technology (Tech) Assisted Waiver and other changes within the manual. The manual has been revised to incorporate training issues and clarifications of existing policy. Please be sure to review the entire Chapter for the outlined changes.

Effective upon the date of this memorandum, pre-admission screening teams will be responsible for screening children (under the age of 21). Historically these teams have screened only adults for the Tech Waiver.

This waiver serves approximately 320 individuals, adults, and children. The majority of screenings for this waiver occur in an acute-care setting due to the dependency on a medical device to compensate for the loss of a vital body function and substantial and on-going nursing care to avert death or further disability.

Local community based pre-admission screening teams have the responsibility to screen adults and children for Home- and Community-Based waiver programs. The Department of Medical Assistance Services (DMAS) does not expect a large increase in the number of screenings for children, related to the Tech waiver program, for local community based screening teams.

The rules and procedures for children and the Tech Waiver are the same as any other child who is being screened for Home- and Community-Based Waivers. However, these children require



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more substantial medical nursing interventions. The child must meet nursing facility level of care and in addition have one of the following dependencies as their medical nursing need:

1. Dependent at least part of each day on a mechanical ventilator; OR
2. Require prolonged intravenous administration of nutritional substances or drugs or on- going peritoneal dialysis; OR
3. Daily dependence on other device-based respiratory or nutritional support, including tracheostomy care, oxygen support, or tube feedings.

General Questions Regarding Tech Waiver:

For general questions regarding the Tech Waiver, please contact DMAS at 804-225-4222. You may find information regarding the Tech Waiver on the DMAS website at the following link: www.dmas.virginia.gov. Then click on Long-Term Care and Waiver Services from the home page. Information is also available in the Pre-Admission Screening Manual: <http://websrvr.dmas.virginia.gov/ProviderManuals/Default.aspx>.

Requests for Tech Waiver Services are Submitted to DMAS:

DMAS will accept requests through the Tech Waiver Health Care Coordinators/Registered Nurses (RN) for Tech Waiver enrollment for children and adults. The RNs may be contacted by phone, fax, or mail. When you complete a pre-admission screening for the Tech Waiver, please forward the completed screening to DMAS at the following address:

Mail: Department of Medical
Assistance
Services Division
of Long Term Care

600 East Broad Street, 10th
Floor Richmond, VA 23219

Attn: Tech Waiver Health Care Coordinator



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Phone: 804-225-4222

Fax: 804-371-4986

Faxed documents are acceptable and will be processed in the same manner as mailed documents. DMAS will forward the completed screenings for **Tech waiver ONLY** to First Health for processing on the local community based pre-admission screening team's behalf.

Forms:

Please ensure you are using the most up to date version of the forms at the following links:

<http://www.dmas.virginia.gov/downloads/forms/DMAS-96.pdf>

<http://www.dmas.virginia.gov/downloads/forms/DMAS-97.pdf>

<http://www.dmas.virginia.gov/downloads/forms/DMAS-95-MI-MR.pdf>

Screening Time Frames:

Pre-Admission screenings are considered valid for the following time frames for all Long-Term Care Services. The time frames apply to individuals who are screened but have not received services during the outlined periods below:

Zero to Six Months:	Screenings are valid and do not require updates;
Month Six to Month Twelve:	Screening updates are required; and no additional reimbursement is made by DMAS;
Over 12 Months:	A new



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If an individual has been receiving on-going services either through a nursing facility or home- and-community-based waiver program, such as the EDCD, AIDS or Tech waiver, then the screening time frames do not apply.

Assisted Living individuals must be assessed annually and are not affected by the time frames outlined above.

Pre-Admission Screening FAQs:

Pre-admission screening teams may also access information via the Pre-Admission Screening Frequently Asked Questions (FAQs) website. The link is: http://www.dmas.virginia.gov/ltc-Pre_admin_screener.htm.

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option to access information regarding Medicaid eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification information. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 800-884-9730 or 800-772-9996. Both options are available at no cost to the provider.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The "HELPLINE" numbers are:



1-804-786-6273 Richmond area and out-of-state long distance

1-800-552-8627 All other areas (in-state, toll-free long distance)

Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the “DMAS Content Menu” column on the left-hand side of the DMAS web page for the “Provider Services” link,

which takes you to the “Manuals, Memos and Communications” link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

PROVIDER E-NEWSLETTER SIGN-UP

The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at: www.dmas.virginia.gov/pr-enewsletter.asp.



Department of Medical Assistance Services
600 East Broad Street
Suite 1300
Richmond, VA 23219

<https://dmas.virginia.gov>

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Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.